



# STATE-SUPPLIED VACCINE USAGE REPORT

## AGE-SPECIFIC DOSES ADMINISTERED

Year: \_\_\_\_\_

Month: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility PIN #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

On the appropriate line designated for each vaccine, enter the total number of doses given according to the age groups indicated.

**Please DO NOT use hash marks.** Use additional copies for worksheets.

Vaccine Type	TOTAL DOSES GIVEN, BY PATIENT AGE-GROUP													TOTAL
	<1	1	2	3 to 5	6	7 to 10	11 to 12	13 to 18	19 to 24	25 to 44	45 to 64	65+	UNKNOWN	
⊗ INCORRECT Example		III	II	III	III III								0	21
☺ CORRECT Example	0	4	2	5	10								0	21
DT (pediatric)														
DTaP (pediatric)														
DTaP/Hep B/IPV (combination)														
Hepatitis A (pediatric)														
Hepatitis B (pediatric)														
Hib ( <i>Haemophilus influenzae</i> type b)														
HPV4 (Human papillomavirus)														
Influenza (injectable)														
Influenza (pediatric preservative-free)														
Influenza (nasal spray)														
IPV (Inactivated poliovirus)														
MCV4 (Meningococcal conjugate)														
MMR														
PCV7 (Pneumococcal conjugate)														
PPSV23 (Pneumococcal polysaccharide)														
RV5 (Rotavirus)														
Td (adult)														
Tdap (adult)														
Varicella														
Other:														

This report is to be submitted each month with the *Vaccine Order Form* and the *Vaccine Return Form*.

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